COPY OF PAPERS ORIGINALLY FILED ease type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR AUTHORIZATION OF AGENT** 

Application Numb r	09/760,635
Filing Dat	January 16, 2001
First Named Inventor	Edmond et al.
Group Art Unit	2811
Examiner Name	
Attorney Docket Number	5000.137

			and the second s			1
I hereby appoint:		[	P		•	T
	ustomer Number 021176		Apple 176			
	med below:	l l				
	Name	Registration	on Number	æ		
				21		٠
as my/our attorney(s) Trademark Office con	or agent(s) to prosecute the application id nected therewith.  rrespondence address for the above-ident and Customer Number.	entified above, and to	transact all business ir	the Ceate	rkand	YEU.
Please change the co	rrespondence address for the above-ident	tified application to:		3	Ċ,	-
☐ The above-mention	ned Customer Number.			AL R	2002	ALD
Firm or				200		
Individual Name Address				حـ		
Addicas						
Address	<u> </u>	<del></del>				
City	S	State	ZIP			
Country	ļ					
Telephone		Fax				
I am the:						
Applicant.						
Assignee of rec	ord of the entire interest. See 37 CFR 3.7	1.				
Certificate under	37 CFR 3.73(b) is enclosed. (Form PTO/	SB/96).				
	SIGNATURE of Applicar	it or Assignee of Rec	ord			
Name John A	dam Edmond					
Signature	mythen the					
Date S	11-10-					
	all the inventors or assignees of record		or their representative	e(s) are r	equired	1.
Submit multiple forms    Submit multiple forms	s if more than one signature is required,	see below.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ease type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

**POWER OF ATTORNEY OR AUTHORIZATION OF AGENT** 

Application Number	09/760,635
Filing Date	January 16, 2001
First Named Inventor	Edmond et al.
Group Art Unit	2811
Examiner Name	
Attorney Docket Number	5000.137

			1 Attorney Bo	cket Number		
OR	ners at Cu	istomer Number	021176		Number Bar Parie Laberater	
Γ		Name	•	Reg	istration Number	]
F				<del> </del>		ا با
-		-		<u> </u>		0 7
				<u> </u>		1 28 28 1
						000
						3 5
ac mylour of	tornov(a)	or agent(c) to proc	soute the application ide	optified above s	and to transact all business	in the Datest and
Trademark (	Office conr	nected therewith.	ecute the application lut	sillineu above, a	and to transact air business	III lile ratent and
					istration Number  and to transact all business to:	<del></del>
Please chan	ge the con	respondence addr	ress for the above-identi	fied application	to:	3
_	e-mention	ed Customer Num	nber.			
OR	· · · · · · · · · · · · · · · · · · ·					
Firm or Individua	al Name					
Address						
Address						
City			S	tate	ZIP	
Country						
Telephone			1	Fax		
I am the:						
Applica	ant.					
		ord of the entire int	erest. See 37 CFR 3.71	1		
			enclosed. (Form PTO/S			
			GNATURE of Applicant	. "	of Record	
Name	Kathleer	Marie Doverspike	e _			
Signature	Kat	the Ma	is Down	<u>'</u>	William Town	
Date	But	16200				
NOTE: Signa	atures of a			of the entire int	erest or their representativ	/e(s) are required.
Submit multi	ple forms	if more than one	signature is required,		-	
	4 torms a	re submitted.	_			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. ase type a plus sign (+) inside this box



PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

**POWER OF ATTORNEY OR AUTHORIZATION OF AGENT** 

	T-11	$\overline{}$
Application Numb r	09/760,635	
Filing Dat	January 16, 2001	
First Named Inventor	Edmond et al.	
Group Art Unit	2811	
Examiner Name		
Attorney Docket Number	5000.137	

I hereby ap		stomer Number	021176		<b>→</b>			
OR					Į	Labente 76		
☐ Practition	oner(s) nan	ned below:		T		PATENT & TRADEMARK OFFIC	ŧ	
		Name			Registration	on Number	]	
								ļ
							1	
		* ***			·	· - w	1 7	
<u> </u>							, N	· 2
as my/our at Trademark (	ttorney(s) ( Office conr	or agent(s) to prose- nected therewith.	cute the application id	entified abo	ove, and to	transact all business	in the Hatent	
							<u> </u>	
Please chan	ige the cor	respondence addre	ss for the above-ident	ified applic	ation to:		Â	
The abov	ve-mention	ed Customer Numb	per.				7	2002
OR -							<del>- 3</del>	
∐ Firm <i>or</i> Individua	al Name		cute the application id ass for the above-ident per.				9	;
Address								
Address				·	,			
City			S	tate		ZIP		
Country				···		<u> </u>		
Telephone				Fax				
I am the:			,	<u> </u>				
☐ Applic	ant.							
☐ Assign	nee of reco	rd of the entire inte	rest. See 37 CFR 3.7	1				
. – •			enclosed. (Form PTO/					i
		SIGI	NATURE of Applican	t or Assig	nee of Rec	ord .		
Name	Hua-Shi	uang Kong				<del>.</del>		
Signature	Ni	askning	Kome		-			
Date	2/16	1/22	1					
	atures of a	all the inventors or	assignees of record	of the enti	re interest	or their representativ	ve(s) are rec	uired.
Submit multi	ple forms	if more than one s	ignature is required,				. ,	· 
	4 forms a	re submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/760,635	
Filing Date	January 16, 2001	
First Named Inventor	Edmond et al.	
Group Art Unit	2811	
Examiner Name		
Attorney Docket Number	5000.137	

I hereby appoint:				· · · · · · · · · · · · · · · · · · ·	
☑ Practitioners at C OR	ustomer Number 021176		Number Bar Code		
☐ Practitioner(s) na	med below:		PATENT & TRADEMARK OFFIC	 CE	
	Name	Registrati	on Number	]	
-			,,	1	
				1	
				1	
				1	
as my/our attorney(s) Trademark Office con	or agent(s) to prosecute the application identified therewith.	entified above, and to	transact all business i	in the Patent and	
Please change the co	rrespondence address for the above-identi	ified application to:		25	$\overline{\mathbb{X}}$
l	ned Customer Number.	.,		300 EP	$\ddot{c}$
OR				3 5	四
Firm <i>or</i> Individual Name				SEP - 5 2007	ME
Address				R00	_
Address					
City	S	tate	ZIP	-	
Country					-
Telephone		Fax		_	
I am the:					
Applicant.					
_ •	ord of the entire interest. See 37 CFR 3.7				
Certificate under	37 CFR 3.73(b) is enclosed. (Form PTO/S	SB/96).			
	SIGNATURE of Applican	t or Assignee of Rec	ord		
Name Michae	John Bergmann				
Signature // Lu	John Buy				
	17/02				
	all the inventors or assignees of record of it is for the inventors or assignature is required, it		or their representativ	ve(s) are required	.t
★Total of 4 forms:					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box -> +

Signature

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

• Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)  (to be used for all correspondence after initial filing)  (to be used for all correspondence after initial filing)  (to be used for all correspondence after initial filing)  (Total Number of Pages in This Submission   5   Attorney Docket Number   5000.137    ENCLOSURES (check all that apply)    Fee Transmittal Form
FORM  (to be used for all correspondence after initial filing)  Total Number of Pages in This Submission 5 Attorney Docket Number 5000.137  ENCLOSURES (check all that apply)  ENCLOSURES (check all that apply)  Assignment Papers (for an Application) Appeal Communication to Board Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  After Final Petition Proprietary Information  Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Address  Express Abandonment Request Request Communication to Group (Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (Information Disclosure Statement)  First Named Inventor Edmond, et al.  Examiner Name  Examiner Name  5000.137  After Allowance Communication to Group Appeal Communication to Board Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  Information Disclosure Statement  CD, Number of CD(s)
Coup Art Unit   Examiner Name   Examiner Nam
Examiner Name    Total Number of Pages in This Submission   5   Attorney Docket Number   5000.137
Succession   Submission   Sub
ENCLOSURES (check all that apply)    Fee Transmittal Form
☐ Fee Transmittal Form       ☐ Assignment Papers (for an Application)       ☐ After Allowance Communication to Group         ☐ Fee Attached       ☐ Drawing(s)       ☐ Appeal Communication to Board of Appeals and Interferences         ☐ Amendment / Response       ☐ Licensing-related Papers       ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)         ☐ After Final       ☐ Petition       ☐ Proprietary Information         ☐ Affidavits/declaration(s)       ☐ Petition to Convert to a Provisional Application       ☐ Status Letter         ☐ Extension of Time Request       ☐ Power of Attorney, Revocation Change of Correspondence Address       ☐ Other Enclosure(s) (please identify below):         ☐ Terminal Disclaimer       ☐ Request for Refund         ☐ Information Disclosure Statement       ☐ CD, Number of CD(s)
Fee Transmittal Form
☐ Fee Attached       ☐ Drawing(s)       ☐ Appeal Communication to Board of Appeals and Interferences         ☐ Amendment / Response       ☐ Licensing-related Papers       ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)         ☐ After Final       ☐ Petition       ☐ Proprietary Information         ☐ Affidavits/declaration(s)       ☐ Petition to Convert to a Provisional Application       ☐ Status Letter         ☐ Extension of Time Request       ☐ Other Enclosure(s) (please identify below):         ☐ Terminal Disclaimer       ☐ Request for Refund         ☐ Information Disclosure Statement       ☐ CD, Number of CD(s)
□ Amendment / Response       □ Licensing-related Papers       □ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)         □ After Final       □ Petition       □ Proprietary Information         □ Affidavits/declaration(s)       □ Petition to Convert to a Provisional Application       □ Status Letter         □ Extension of Time Request       □ Other Enclosure(s) (please identify below):         □ Express Abandonment Request       □ Terminal Disclaimer         □ Information Disclosure Statement       □ CD, Number of CD(s)
☐ After Final       ☐ Petition       ☐ Proprietary Information         ☐ Affidavits/declaration(s)       ☐ Petition to Convert to a Provisional Application       ☐ Status Letter         ☐ Extension of Time Request       ☐ Power of Attorney, Revocation Change of Correspondence Address       ☐ Other Enclosure(s) (please identify below):         ☐ Terminal Disclaimer       ☐ Request for Refund         ☐ Information Disclosure Statement       ☐ CD, Number of CD(s)
☐ Affidavits/declaration(s)       ☐ Petition to Convert to a Provisional Application       ☐ Status Letter         ☐ Extension of Time Request       ☐ Power of Attorney, Revocation Change of Correspondence Address       ☐ Other Enclosure(s) (please identify below):         ☐ Terminal Disclaimer       ☐ Request for Refund         ☐ Information Disclosure Statement       ☐ CD, Number of CD(s)
Extension of Time Request       Change of Correspondence Address       United Enclosure(s) (please identify below):         □ Express Abandonment Request       □ Request for Refund         □ Information Disclosure Statement       □ CD, Number of CD(s)
☐ Express Abandonment Request       ☐ Request for Refund         ☐ Information Disclosure Statement       ☐ CD, Number of CD(s)
Certified Copy of Priority Document(s)  Remarks  Remarks
Response to Missing Parts/
Response to Missing Parts/ Incomplete Application   3
Response to Missing Parts under 37 CFR 1.52 or 1.53
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT
Firm or Individual name Summa & Allan, P.A.
Signature
Date
CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envel addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:
Typed or printed name Philip Summar

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Date